

MANAGED HEALTH CARE IMPROVEMENT TASK FORCE BYLAWS

Adopted April 22, 1997
Amended June 20, 1997
Amended August 7, 1997

I. AUTHORITY

Generally. The Managed Health Care Improvement Task Force (Task Force) is within the Governor's office and is directed to research and report on all of the following by January 1, 1998:

- 1) The picture of health care service plans, as it stands in California today, including, but not limited to, the different types of health care service plans, how they are regulated, how they are structured, how they operate, the trends and changes in health care delivery, and how these changes have affected the health care economy, academic medical centers, and health professions education.
- 2) Whether the goals of managed care provided by health care service plans are being satisfied, including the goals of controlling costs and improving quality and access to care.
- 3) A comparison of the effects of provider financial incentives on the delivery of health care in health care service plans, other managed care plans, and fee-for-service settings.
- 4) The effect of managed care on the patient-physician relationship, if any.
- 5) The effect of other managed care plans on academic medical centers and health professions education.

Specifically. The Task Force receives its statutory authority from Health and Safety Code section 1342.1

II. ORGANIZATION

Membership. The total authorized membership of the Task Force is 30 members. The Governor shall appoint 20 members, four from each of the groups set forth below. The Senate Rules Committee shall appoint five members, one from each of the groups set forth below. The Assembly Speaker shall appoint five members, one from each of the groups set forth below.

The Task Force is composed of equal representation from the following groups:

- 1) Health care service plans, including at least one local initiative under contract with the State Department of Health Services as part of the two-plan model for Medi-Cal managed care, and at least one disability insurer.
- 2) Employers who purchase health care.
- 3) Health care service plan enrollees.
- 4) Providers of health care.
- 5) Representatives for consumer groups.

[Authority Health and Safety Code section 1342.1(b) and (c)]

Managed Health Care Improvement Task Force
Bylaws

Duties of Task Force Members Only duly appointed Task Force members shall move, second, and vote on actions pending before the Task Force. Each appointed Task Force member has one vote. No other person may engage in discussion or debate or cast a vote for a Task Force member. Any Task Force member may engage discussion or debate regarding an issue before the Task Force.

Chairperson and Vice Chairperson The Chairperson is appointed by, and serves at the pleasure of, the Governor. The Vice Chairperson is elected by the members of the Task Force at the Task Force's orientation meeting. Any Task Force member may nominate another Task Force member for the election of Vice Chair. Upon resignation of the Vice Chairperson, election of a replacement shall be held at the next regularly scheduled Task Force Meeting.

[Authority: Health and Safety Code section 1342.1(b)]

Committees Committees may be created by a majority affirmative vote of the total authorized membership of the Task Force. Members of such committees shall be appointed by, and shall serve at the pleasure of, the Chairperson, who may serve as an ex-officio member of each committee. The Chairperson may review the need for, and function of, each committee and make recommendations to the Task Force for changes as appropriate.

Expert Resource Groups The Task Force Chairperson may create expert resource groups to be composed of Task Force members and other experts as deemed appropriate by the Chairperson and the Executive Director. All members of the expert resource groups shall be appointed by the Chairperson, upon consultation with the Executive Director. Expert resource groups shall be convened by a staff member of the Task Force [including staff working for the Chairperson], and "convenors" shall be responsible for scheduling all expert resource group meetings. If an expert resource group is comprised of more than two Task Force members, meetings of that expert resource group shall be publicly noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Products produced by each expert resource group shall be considered draft unless adopted by the full Task Force at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act. Specifically, expert resource groups may formulate findings and advisory recommendations for consideration by the Task Force.

Expert resource groups may not publish any document on behalf of the full Task Force without Task Force approval at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Task Force staff may develop procedural guidelines for expert resource groups. Such guidelines do not require adoption by the Task Force.

Policy Options Work Groups [POWGs] The Task Force Chairperson may create policy options work groups to be composed of Task Force members [via members' respective involvement in ERGs, etc.] and other experts as deemed appropriate by the Chairperson and the Executive Director. If established, the larger policy options work groups will synthesize the background papers and information produced by related ERGs and staff for inclusion in the reports and policy option recommendations of the Task Force.

It is anticipated that the following policy options work groups will be established:

- 1) Health Care System Oversight Structure
- 2) Consumer Involvement, Protection, Choice and Price Sensitivity
- 3) Quality Improvement and Information

All members of the policy options work groups shall be appointed by the Chairperson, upon consultation with the Executive Director [Task Force members are encouraged to submit their request for appointment to a policy options work group to the Task Force Chairman and the Executive Director]. The Chairman may appoint members to the policy options work groups based on, among other factors, their involvement in related ERGs. Since it is anticipated that policy options work groups will be comprised of more than two members, all meetings of a policy options work group shall be publicly noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Products produced by each policy options work group shall be considered draft unless adopted by a simple majority of the total authorized appointed members to the Task Force at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act. Specifically, policy options work groups may formulate findings and advisory recommendations for consideration by the Task Force as a group.

Policy options work groups may not publish any document on behalf of the full Task Force without approval by a simple majority of the total authorized appointed members to the Task Force at a meeting noticed pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act.

Task Force staff may develop procedural guidelines for policy options work groups. Such guidelines shall not require adoption by the Task Force.

Staff: The Governor shall appoint an Executive Director for the Task Force who is responsible for maintaining the Task Force headquarters and the day to day operations of the Task Force. The Executive Director may cause to employ such staff as may be necessary for the proper discharge of the Task Force's duties. This includes contracting out for staff services.

Ex-Officio Task Force Members The Governor, the Senate Rules Committee and Assembly Speaker may appoint ex-officio members to the Task Force. The total number of Senate Rules Committee appointed Ex-officio members and Assembly Speaker appointed Ex-officio members may not exceed the total number of Governor appointed Ex-officio members. Ex-officio members may engage in discussion or debate regarding any issue pending action before the Task Force. Ex-officio Task Force members may not vote on actions pending before the Task Force.

Official Address The official address of the Task Force is:

Managed Health Care Improvement Task Force
1400 Tenth Street, Room 206
Sacramento, California 95814
(916) 324-1711

Managed Health Care Improvement Task Force

III. MEETINGS AND PUBLIC HEARINGS

Dates: The Task Force shall adopt a proposed meeting and public hearing schedule as a Standing Rule. The schedule shall identify the proposed meeting and public hearing dates, times and locations. Public hearings shall be conducted statewide to increase the opportunity for public input. Amendments to the proposed schedule may be adopted by a majority affirmative vote of the total authorized membership of the Task Force.

Special meetings Periodically, it may be necessary to call a special meeting to accommodate external time frames that require Task Force discussion and action. Special meetings may be scheduled at the call of the Chairperson, upon consultation with the Executive Director, or by a majority affirmative vote of the total authorized membership of the Task Force.

Notice of Meetings Notice of public hearings, regular business meetings, special meetings and committee meetings shall be given pursuant to Government Code section 11120 et. seq., the Bagley-Keene Open Meeting Act. Notices shall be mailed to all members of the Task Force, the Senate Rules Committee, the Assembly Speaker, the Director of the State Department of Health Services, the Director of the State Department of Consumer Affairs, the Commissioner of the State Department of Corporations, the Office of the Insurance Advisor, Insurance Commissioner, and all other interested persons, at least ten (10) days prior to each meeting and public hearing.

Mailing list An official Task Force mailing list shall be maintained and periodically updated, consisting of all interested persons, public agencies, etc., requesting notification of meetings and hearings.

Open: All meetings of the Task Force shall be open to the public. Closed meetings can only be held in accordance with provisions of Government Code section 11126[*Authority: Govt. Code section 11123*].

Written material The Executive Director shall make written recommendations for Task Force action on all regular agenda items warranting action by the Task Force. Any writings distributed to any members of the Task Force, or employee of the Task Force for discussion or consideration at a public meeting are public records under Government Code section 6250 et. seq., of the California Public Records Act, and shall be made available to members of the public. A reasonable fee for reproduction and mailing of materials may be charged to any person requesting a copy of a public document. The Task Force shall not be required to make public information which is proprietary or otherwise protected.[*Authority: Govt. Code sections 6254 and 11125.1*].

All written materials, including press pieces, to be published, released and or attributed to the Task Force shall be approved by a simple majority vote of the total authorized number of Task Force members or the Task Force Executive Director before publishing, releasing and or attribution. Any Task Force member or staff writing Task Force related issues or opinions for publication shall include the following disclaimer:

The views expressed herein are of the author and do not necessarily represent the view or opinion of the Managed Health Care Improvement Task Force.

Quorum: A majority of the Task Force membership [16] shall constitute a quorum for the purposes of conducting business. Once a meeting has been opened, the Task Force members may continue to take testimony even in the absence of a quorum.

In the absence of a quorum, a majority of the Task Force members present may order a quorum call of the Task Force and compel the attendance of absentees.

Order of Business The agenda for regular business meetings shall be set by the Executive Director or by a simple majority vote of the total authorized number of Task Force members. Items not noticed on the Task Force's agenda may be brought up for discussion, however, no action shall be taken until a subsequent meeting following proper public notification.

Emergency meetings The Task Force may only call emergency meetings pursuant to Government Code section 11125.5

IV. AMENDMENTS

Amendment All amendments to these Bylaws, except where specified by statute, may be adopted at any regular business meeting by a majority affirmative vote of the total authorized membership of the Task Force.

Periodic Review The Chairperson shall periodically review these Bylaws and make recommendations to the Task Force for changes as appropriate.

**MANAGED HEALTH CARE IMPROVEMENT TASK FORCE
STANDING RULES**

**Adopted April 22, 1997
Amended June 20, 1997
Amended November 21, 1997**

- 1) **Schedule of Task Force meetings and public hearings** [see Attachment A].
- 2) **Duties of the Task Force Chairperson** In addition to the duties specified in the Task Force Bylaws, the Chairperson shall:
 - a) Call the meeting to order and preside throughout the meeting.
 - b) Announce each item of business on the agenda in the proper order.
 - c) Recognize members seeking the floor to propose motions and to debate.
 - d) Remain fair and impartial during the business proceedings.
 - e) State each motion pending clearly.
 - f) Put the question to a vote after sufficient debate.
 - g) Announce the results of the vote and the action as a result of the vote.
 - h) Vacate the chair to speak in debate on a motion.
 - i) Expedite the business meeting by the use of general consent.
 - j) Assist the members in parliamentary procedure when necessary.
 - k) Make decisions on points of order, and appeals.
 - l) Declare a motion out of order as "dilatory" when made to obstruct or delay business.
- 3) **Duties of the Task Force Vice Chairperson** In addition to the duties specified in the Task Force's Bylaws, the Vice Chairperson shall:
 - a) Assist the Chairperson and in the absence of the Chairperson preside.
- 4) **Voting procedures** All issues requiring action by the Task Force shall be voted upon by duly appointed Task Force members. Such actions include, but are not limited to:
 - a) Adoption of Task Force Bylaws and Rules, and amendments thereto.
 - b) Establishment of Task Force Committees.
 - c) Election of a Task Force Vice Chairperson.
 - d) Approval of all reports to be produced and distributed by the Task Force.
 - e) Changes to actions previously voted on by Task Force members.
 - f) Changes to reports and other documents produced by Task Force staff.

The Chairperson shall put the question to vote after sufficient debate and discussion. Task Force members shall cast their votes by stating "Aye", "Nay" or "Abstain". If the Chairperson cannot determine the call, or if a Task Force Member disagrees with the Chairperson's call, a Division may be moved, and if seconded, Task Force members shall cast their votes on the issue by raising their right hand. All votes shall be recorded and included in the Task Force minutes.

A simple majority affirmative vote of the total authorized membership of the Task Force shall be required to approve, pass, fail or amend any action before the Task Force, including all Task Force published reports.

In accordance with the Task Force Bylaws, ex-officio members and other persons may **not** vote on actions before the Task Force or on behalf of a Task Force member.

4.5) **Voting on the report prepared pursuant to AB 2343 [Chapter 815, Statutes of 1996]**

The Report prepared and submitted to the Governor and Legislature by January 1998 pursuant to AB 2343 [Chapter 815, Statutes of 1996] shall be composed of following three sections:

a) **I. Executive Summary**

a brief summary of the Main Report

b) **II. Main Report**

a compilation of:

- 1) the Findings and Recommendations Sections of papers that are required by AB 2343¹ and were prepared by Task Force staff frequently in conjunction with Expert Resource Group members.
- 2) the Findings and Recommendation Sections of Background Papers prepared by Task Force staff frequently in conjunction with Expert Resource Group members which are not required by AB 2343.
- 3) Letters submitted by Task Force members relating their personal opinions on the documents outlined in 1) and 2) above.

¹ The following papers are prepared pursuant to AB 2343 [specifically, Health and Safety Code Section 1342.1(b)].

- 1) The picture of health care services plans, as it stands in California today, including, but not limited to, the different types of health care service plans, how they are regulated, how they are structured, how they operate, the trends and changes in health care delivery, and how these changes have affected the health care economy, academic medical centers, and health professions education **PAPERS: Government Regulation and Oversight of Managed Health Care; Health Industry Profile; and Academic Medical Centers**
- 2) Whether the goals of managed care provided by health care service plans are being satisfied, including the goals of controlling costs and improving quality and access to care.
PAPER: Impact of Managed Care on Quality, Access and Cost
- 3) A comparison of the effects of provider financial incentives on the delivery of health care in health care service plans, other managed care plans, and fee-for-service settings.
PAPER: Financial Incentives for Providers in Managed Care
- 4) The effect of other managed care on the patient-physician relationship, if any.
PAPER: Physician -Patient Relationship
- 5) The effect of other managed care plans on academic medical centers and health professions education.
PAPER: Academic Medical Centers

c) **III. Appendices**

a compilation of:

- 3) the Background Papers that correspond to the Findings and Recommendation Sections prepared by Task Force staff frequently in conjunction with Expert Resource Group members which are not required by AB 2343.
- 4) Task Force Meeting Minutes
- 5) a list of public hearing and public comment participants and summary of public testimony.

The components of the Main Report [as described herein] shall be individually scheduled for a Task Force vote at a meeting conducted in accordance with the requirements of the Bagley Keene Open Meetings Act and must be adopted in accordance with the provisions set forth in Standing Rule No. 4.

Since the Executive Summary is a summary of the Main Report as adopted by the Task Force in individual components, the form and content of this document requires adoption by the Task Force.

Since the Appendices are supplemental information which simply serve to support the Main Report, these documents do not require adoption by the Task Force.

At the January 5, 1998 meeting, Task Force members shall consider a range of possible statements to be used in transmitting the complete report to the Governor and the Legislature as required by AB 2343. For example, from a minimal "this report reflects the findings and deliberations of the Task Force" to a strong "a majority of the Task Force endorses and supports the findings and recommendations reflected in the report" sort of statement. The objective will be to adopt the strongest statement that commands majority support. Any such statement must be adopted by a simple majority of the total authorized number of appointed members to the Task Force.

- 5) **Public Hearings** All Task Force members are required to attend a minimum of one Task Force public hearing. The Chair will assign Task Force members to participate in each public hearing to ensure there are an adequate number of members participating in each hearing [7-10 members]. In assigning Task Force members to public hearings, the Chair may request members to volunteer for specific public hearing dates. The Chair, or his or her designee, shall preside over all Task Force public hearings.

Task Force members are encouraged to attend all public hearings however, if a Task Force member is not assigned to participate in the attended public hearing, he or she will be asked to sit in the audience. This seating arrangement is necessary for public hearing planning purposes only and does not de-emphasize the importance or status of those Task Force members.

- 6) **Amendments** These Rules may be amended or rescinded by a majority affirmative vote of the total authorized membership of the Task Force after previous notice of such action has been given.

**MANAGED HEALTH CARE IMPROVEMENT TASK FORCE
RULES OF ORDER**

Adopted April 22, 1997

Robert's Rules of Order Newly Revised [1990] shall serve as the Task Force's rules of parliamentary procedure. Special Rules of Order may be adopted by the Task Force by an affirmative two-thirds vote.